## #49/hcg for RCE 1. p. S et 1 8-00 PTO/SB/30 (05-03)

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/902,274		
Filing Date	July 11, 2001		
First Named Inventor	James X. Kong		
Group Art Unit	2172		
Examiner Name	Jean M. Corrielus		
Attorney Docket Number	P5800		

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application.

NOTE: Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

amendments and instructs otherwis	required under 37 C.F.R. 1.114 Note: If the amendments enclosed with the RCE will be entered and previous of such amendment(s).	ered in the orde	r in which they we	ere filed unless applicant	
a.   Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office  Action may be considered as a submission even if this box is not checked.					
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on					
ii. □Ot	her		<del></del>		
b. 🗌 Enclo	sed			RECEIVED	
i. 🗌 An	nendment/Reply			INCCLIA FE	
ii. 🗌 Afi	fidavit(s)/Declaration(s)			MAR 0 5 2004	
iii. Information Disclosure Statement (IDS)				Technology Center 210	
iv. □ Ot	her			restinology Center 210	
2. Miscellaneous					
a. Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)					
b. 🗌 Other					
3. Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.					
a.   The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit  Account No. 50-1123					
i. RCE fee required under 37 C.F.R 1.17(e)					
ii. □Ex	tension of time fee (37 C.F.R 1.136 and 1.	17)			
iii. 🛛 Other: Charge any additional fees or credit any overpayments <b>for this filing</b>					
b. ⊠ Check in the amount of \$ <b>770.00</b> enclosed					
c. Payment by credit card (Form PTO-2038 enclosed)					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
Name (Print/Type)	Kent A. Lembke	Registration I	NO. (Attorney/Agent)	44,866	
Signature	Lut Julle	Date 3	101/04		
	CERTIFICATE OF MAILING OR TRANSMISSION				
I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:					
Name (Print/Type)	Name (Print/Type) Kent A. Lembke				
Signature	Hat Tololy	Date 3	101/04		